



Retiree Insurance Rates Effective Oct. 1, 2016 – Sept. 30, 2017

For State Employees in the Defined Contribution (DC) Plan

As a state employee in the *Defined Contribution (DC) plan*, you are eligible for state-sponsored health, prescription drug, dental, and vision insurances upon terminating employment if you have *vested* with the equivalent of 10 years full-time state service and have met eligibility age requirements.

Your insurance benefit participation will be in the Premium Subsidy, Graded Premium Subsidy, or Personal Healthcare Fund, depending upon when you first hired, elected, transferred, or defaulted into that benefit option.

Note: If you transferred to the DC plan from the Defined Benefit (DB) plan, do not use this rate sheet. Refer to the premium subsidy insurance rates published online by the Employee Benefits Division.

Participants in both the Graded Premium Subsidy and Personal Healthcare Fund can enroll in any state-sponsored insurance plan, including COBRA continued health insurance coverage. However, the premium rates will vary depending on your healthcare benefit. The following explains your eligibility requirements and cost.

Personal Healthcare Fund

If you are a vested participant in the Personal Healthcare Fund, and have met age requirements, you are eligible for state-sponsored insurances at the total unsubsidized premium cost when you terminate employment. The amount you pay is determined by the insurance carrier you choose. Your rate for any of the insurance carriers can be found in the Total Unsubsidized Premium column of the tables on pages 3-5.

Graded Premium Subsidy

If you are a vested participant in the Graded Premium Subsidy, and have met age requirements, the state will pay a percentage of your monthly insurance premiums when you terminate employment.. The amount you pay is determined by your years of service worked and the insurance carrier you choose. If you enroll in a plan with higher premiums, keep in mind that the amount the state will pay *will not* be more than it will pay under the Blue Cross Blue Shield Michigan PPO. The following section will help you calculate your subsidy amount.

Calculating the Amount You Pay

The tables on pages 3-5 list premium subsidy rates if you have 10, 15, or 20 years of service. Use the instructions below to calculate the rates if you have a *different* total for your years of service.

Step 1. Determine your years of service. If you're not sure, you can find your total hours in DCDS under Employee Info, Leave Balances, Hours Type, DEFC40 or go to the MI HR Self Service website under Personal Information, Leave Balances, DEF CONTRIB SERV HOURS 40.

Divide your total hours by 2,080. Drop any fraction of a year to arrive at your years of service.

Note: For most state employees, 2,080 hours equals one year of service. You cannot be credited with more than one year of service in any given year, and you cannot earn more than 80 hours of service in a pay period.

Step 2. Determine your insurance subsidy percentage. In the table below, find the percentage that applies to your years of service.

The table shows the amounts you may be eligible for if you terminate employment in 2016-17. The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees.

Note: The subsidy is determined by the Michigan Civil Service Commission, and is subject to change even after you have retired.

2016-17 HEALTH INSURANCE SUBSIDY AMOUNTS											
Years of Service	10	11	12	13	14	15	16	17	18	19	20
Insurance Subsidy %	30	33	36	39	42	45	48	51	54	57	60





Step 3. Determine the state share. Begin by calculating the amount the state will pay under the Blue Cross Blue Shield Michigan (BCBSM) PPO. On the BCBSM PPO chart, multiply the Monthly Total that applies to you by your Insurance Subsidy percentage to determine the State Share.

$$\text{Monthly Total BCBSM PPO (x) Insurance Subsidy \% = State Share}$$

If you prefer a different plan, follow the same calculation using the rates provided for that plan.

$$\text{Monthly Total (x) Insurance Subsidy \% = State Share}$$

Remember that the amount the state will pay will not be more than it will pay under the BCBSM PPO plan. If the rate amount is lower than what the state would pay under the BCBSM PPO, use the lesser amount.

Step 4. Determine the Amount You Pay. Subtract the State Share from the Monthly Total to determine the Amount You Pay per month.

$$\text{Monthly Total (-) State Share = Amount You Pay}$$

Continued Health Insurance Coverage

Protect your dependents after eligibility stops. A federal law known as Consolidated Omnibus Budget Reconciliation Act, or COBRA, allows your dependent spouse or child(ren) the option of paying for continued health insurance coverage for up to 36 months after a qualifying event. If one of your dependents loses insurance eligibility, he or she may be able to pay for continued coverage for a limited time. Your dependents will be notified of their options. COBRA rates, included in the following pages, are the same for both Graded Premium Subsidy and Personal Healthcare Fund; these rates are unsubsidized and include administrative fees.

The following pages provide insurance rates for the timeframe indicated on this notice.



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For State Employees in the DC Plan

Your Monthly Cost – Blue Cross Blue Shield Michigan PPO

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Without Medicare					
Retiree Only	\$ 348.98	\$ 479.84	\$ 610.71	\$ 872.44	\$ 889.89
Retiree & Spouse	697.95	959.68	1,221.42	1,744.88	1,779.77
Retiree & Child(ren)	439.58	604.43	769.27	1,098.96	1,120.94
Retiree, Spouse & Child(ren)	807.96	1,110.95	1,413.93	2,019.90	2,060.29
With Medicare					
Retiree Only	\$ 182.98	\$ 251.59	\$ 320.21	\$ 457.44	\$ 466.59
Retiree & Spouse	365.96	503.20	640.43	914.90	933.20
Retiree & Child(ren)	273.59	376.19	478.79	683.98	697.66
Retiree, Spouse & Child(ren)	475.98	654.48	832.97	1,189.96	1,213.76
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 531.95	\$ 731.43	\$ 930.92	\$ 1,329.88	\$ 1,356.48
Retiree or Spouse with Medicare & Child(ren)	641.97	882.71	1,123.45	1,604.93	1,637.03

Your Monthly Cost – Retiree's State Dental Plan

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Retiree Only	\$ 18.68	\$ 25.69	\$ 32.70	\$ 46.71	\$ 47.64
Retiree & Spouse	34.04	46.81	59.58	85.11	86.81
Retiree & Child(ren)	41.58	57.18	72.77	103.96	106.04
Retiree, Spouse & Child(ren)	56.95	78.30	99.66	142.37	145.22

Your Monthly Cost – Retiree's State Vision Plan

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Retiree Only	\$ 2.16	\$ 2.98	\$ 3.79	\$ 5.41	\$ 5.52
Retiree & Spouse	3.52	4.85	6.17	8.81	8.98
Retiree & Child(ren)	4.93	6.78	8.62	12.32	12.56
Retiree, Spouse & Child(ren)	6.28	8.64	11.00	15.71	16.02



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For State Employees in the DC Plan

If you wish to enroll in an HMO, visit www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu, and use the retiree Zip Code Tool or coverage maps to determine if there is coverage available in your area.

Your Monthly Cost – Blue Care Network

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Without Medicare					
Retiree Only	\$ 484.74	\$ 615.60	\$ 746.47	\$ 1,008.20	\$ 1,028.36
Retiree & Spouse	969.48	1,231.21	1,492.95	2,016.41	2,056.74
Retiree & Child(ren)	610.96	775.81	940.65	1,270.34	1,295.75
Retiree, Spouse & Child(ren)	1,127.11	1,430.10	1,733.08	2,339.05	2,385.83
With Medicare					
Retiree Only	\$ 76.43	\$ 145.04	\$ 213.66	\$ 350.89	\$ 357.91
Retiree & Spouse	152.84	290.08	427.31	701.78	715.82
Retiree & Child(ren)	202.64	305.24	407.84	613.03	625.29
Retiree, Spouse & Child(ren)	249.94	428.44	606.93	963.92	983.20
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 561.16	\$ 760.64	\$ 960.13	\$ 1,359.09	\$ 1,386.27
Retiree or Spouse with Medicare & Child(ren)	658.27	899.01	1,139.75	1,621.23	1,653.65

Your Monthly Cost – Health Alliance Plan

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Without Medicare					
Retiree Only	\$ 602.78	\$ 733.64	\$ 864.51	\$ 1,126.24	\$ 1,148.76
Retiree & Spouse	1,205.55	1,467.28	1,729.02	2,252.48	2,297.53
Retiree & Child(ren)	759.71	924.56	1,089.40	1,419.09	1,447.47
Retiree, Spouse & Child(ren)	1,400.93	1,703.92	2,006.90	2,612.87	2,665.13
With Medicare					
Retiree Only	\$ 143.29	\$ 211.90	\$ 280.52	\$ 417.75	\$ 426.11
Retiree & Spouse	286.56	423.80	561.03	835.50	852.21
Retiree & Child(ren)	300.21	402.81	505.41	710.60	724.81
Retiree, Spouse & Child(ren)	414.37	592.87	771.36	1,128.35	1,150.92
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 746.06	\$ 945.54	\$ 1,145.03	\$ 1,543.99	\$ 1,574.87
Retiree without Medicare, Spouse with Medicare & Child(ren)	873.88	1,114.62	1,355.36	1,836.84	1,873.58
Retiree with Medicare, Spouse without Medicare & Child(ren)	941.42	1,182.16	1,422.90	1,904.38	1,942.47



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For State Employees in the DC Plan

Your Monthly Cost – Physicians Health Plan (PHP)

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Without Medicare					
Retiree Only	\$ 725.63	\$ 856.49	\$ 987.36	\$ 1,249.09	\$ 1,274.07
Retiree & Spouse	1,451.23	1,712.96	1,974.70	2,498.16	2,548.12
Retiree & Child(ren)	913.98	1,078.83	1,243.67	1,573.36	1,604.83
Retiree, Spouse & Child(ren)	1,680.06	1,983.05	2,286.03	2,892.00	2,949.84
Note: If you are age 65 or older, will become Medicare eligible, or have a dependent who is Medicare eligible, you cannot enroll in this HMO.					

Your Monthly Cost – Priority Health

	Graded Premium Subsidy Plan Rates			Personal Healthcare Fund Plan Rates	COBRA Rates
	20 Years of Service	15 Years of Service	10 Years of Service	Total Unsubsidized Premium	
Without Medicare					
Retiree Only	\$ 617.79	\$ 748.65	\$ 879.52	\$ 1,141.25	\$ 1,164.08
Retiree & Spouse	1,233.29	1,495.02	1,756.76	2,280.22	2,325.82
Retiree & Child(ren)	777.11	941.96	1,106.80	1,436.49	1,465.22
Retiree, Spouse & Child(ren)	1,433.02	1,736.01	2,038.99	2,644.96	2,697.86
With Medicare					
Retiree Only	\$ 239.99	\$ 308.60	\$ 377.22	\$ 514.45	\$ 524.74
Retiree & Spouse	479.96	617.20	754.43	1,028.90	1,049.48
Retiree & Child(ren)	581.54	684.14	786.74	991.93	1,011.77
Retiree, Spouse & Child(ren)	792.40	970.90	1,149.39	1,506.38	1,536.51
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 439.94	\$ 639.42	\$ 838.91	\$ 1,237.87	\$ 1,262.63
Retiree or Spouse with Medicare & Child(ren)	752.39	993.13	1,233.87	1,715.35	1,749.66